

Press Conference May 31, 1989 on S.G Workshop on Drunk Driving

Statement

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Surgeon General's Workshop on Drunk Driving:
Proceedings

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Good Morning and welcome to my final press conference as Surgeon General. Since this is my last press conference, it has been referred to as my swan song. However, what you will hear today is prudent advice from a wise old owl, not a serenade from a dying swan or a lament from a lame duck.

During the past year, I have received over 1200 letters from individuals encouraging me to address the issue of alcohol-impaired driving. I also received resolutions signed unanimously by the House of Representatives and by 99 Senators urging me to take all appropriate action to bring the problem of alcohol-impaired driving under control.

The concern expressed by both individuals and the Congress stems from personal losses and from overwhelming statistics. An estimated 2 million drivers are arrested each year in the United States for driving under the influence of alcohol.

Nearly 24, 000 people lost their lives in alcohol-related traffic crashes last year – an average of one alcohol-related fatality every 22 minutes. An additional 534,000 people suffer injuries in alcohol-related crashes every year – an average of one every minute.

Drinking and driving continues to be the number one killer of teenagers. More than 40 per cent of all deaths for people age 15 to 20 years result from motor vehicle crashes. Approximately half of these fatalities involve alcohol. These injuries and deaths from alcohol-impaired driving make it a serious threat to public health and safety.

To develop a plan for preventing the problem, I conducted a Surgeon General's Workshop on Drunk Driving in December 1988.

The workshop was attended by 120 professionals who served on 11 expert panels that made over 200 recommendations.

Today, I am releasing the workshop Proceedings, which contains the final workshop recommendations, as well as implementation steps. Since the United States Congress asked me to focus national attention on this problem, I am directing the Proceedings to

the Congress for action. I want the Congress to provide leadership and resources to the Nation to implement the recommendations.

In particular, there are 10 key summary recommendations that I endorse and want the Congress to support. The recommendations are described in detail in your press kits; it will give you their essence now:

1. Reduce the blood alcohol concentration (BAC) from its present level of 0.10 per cent to 0.04 per cent by the Year 2000. Establish a level of 0.00 percent for drivers under 21 years of age.
2. Increase excise taxes on alcoholic beverages and tax beer, wine and distilled spirits equally based on alcohol content.
3. Have each State provide a system to fund comprehensive alcohol-impaired driving programs.
4. Reduce the availability of alcoholic beverages.
5. Pass legislation in each State to confiscate drivers' licenses on the spot for those found to be above the legal BAC. This is known as administrative license revocation.
6. Match the level of alcoholic beverage advertising with an equal number of pro-health and pro-safety messages.
7. Restrict certain types of advertising and marketing practices, especially those, which reach underage youth.
8. Conduct public information efforts, which are based on social marketing and communication strategies and on sound learning principles.
9. Conduct drinking and driving education within worksites, the communities, health care agencies and schools.
10. Increase the enforcement of drinking and driving laws and expand the use of sobriety checkpoints.

I chose these 10 key summary recommendations because collectively they have the potential for saving thousands of lives. All are based on logic and commonsense. Most were supported by more than one of the 11 expert panels; many have reached to document their effectiveness.

By highlighting these 10 key summary recommendations, I do not mean to play down the importance of the other workshop recommendations. All 200 plus recommendations need to be reviewed and considered for implementation. Within my time constraints, I will only comment briefly on my "Top 10."

On the BAC, enacting the lower limits will send a clear message that driving after drinking is risky. It affects judgment, vision, reaction time and ability to brake and control speed.

Three states (Maine, Oregon and Utah) make it an offense to drive at or above 0.08 per cent. The BAC limit of 0.04 per cent already applies to airline pilots, railroad engineers and drivers of commercial vehicles in the United States.

I have campaigned previously for a Smoke-Free Society by the Year 2000. I want a safer limit of 0.04 per cent BAC by the same year and a level of 0.00 for those under 21 years of age enacted immediately.

On taxes, Federal excise tax rates on alcoholic beverages have remained frozen since 1951 except for a small increase in the tax on distilled spirits. This means that the real price of alcoholic beverages has declined over time compared to other commodities. A six-pack of beer often sells for less than a six-pack of soda. Why raise Federal excise taxes? Simple. The evidence strongly shows that an increase in price brought about by an increase in excise taxes prevents or delays underage youth from drinking and also reduces the amount that heavier drinkers consume.

For states, funding for impaired-driving programs can be accomplished in two distance ways. Some states such as New York have imposed additional fines or fees for impaired-driving offenses. These additional monies are returned to counties to fund their programs.

Other states have increased their alcoholic beverage excise tax, which I refer to as a "user fee". This user fee provides funds for programs that prevent alcohol-impaired driving.

Utah generates \$8 million per year from a 3-cents-a-can increase on beer. Of this amount, almost \$6.5 million is used by counties for alcohol and other drug education in elementary and secondary schools, as well as for impaired driving programs.

I strongly recommend that states consider 5 cents a drink to be the minimum tax increase. After all, who could quarrel with a "nickel a drink" user fee that will generate billions of dollars to help save lives?

On availability, studies have shown that many drivers become alcohol-impaired at restaurants, bars, stadiums and other public facilities. To reduce availability, the following actions should be taken:

- Eliminate happy hours and other reduced-price promotions;
- Adopt "open container" laws prohibiting people from having open alcoholic beverage containers in their vehicles;

- Limit hours and density of sales outlets;
- Require impaired-driver prevention training of sellers and servers; and
- Adopt or strengthen server- and seller-liability statutes.

These actions may not make people as happy as happy hours do, but they will help keep them alive.

Another swift and sure way to decrease impaired driving is to immediately suspend the drivers' licenses of people who are found driving with a BAC above the legal limit.

Minnesota, New Mexico, Nevada, North Carolina, Oklahoma, Oregon, West Virginia and Wisconsin have all observed significant reductions in alcohol-related fatal crashes after implementing license suspension or revocation procedures. Other states should follow their lead.

Licenses should be suspended for a minimum of 30 to 90 days. Repeat offenders should lose their licenses for longer periods of time and have their license plates and vehicles confiscated.

This is tough talk and here comes some more. I have received a lot of praise as Surgeon General because of my strong stand on AIDS prevention. I was never afraid to say the "C" word, condom. I am also not afraid to say the "A" word and that word is advertising.

Certain advertising and marketing practices for alcoholic beverages clearly send the wrong messages about alcohol consumption to the wrong audiences. These practices include the following:

- Directing advertising to college students and other youth who are under the legal drinking age;
- Using celebrities who have strong appeal to youth;
- Sponsoring and promoting events such as rock music concerts and sports competitions where the audience is largely under the legal drinking age; and,
- Using advertising that portrays activities like racecar driving, which are dangerous to do in combination with alcohol use.

These practices – illustrated by the posters on the stage – tell youth that alcohol consumption leads to athletic, social and sexual success. They send the message that drinking is a normal and glamorous activity without negative consequences. And our young people are believing these messages.

A 1988 survey showed that fully 92 per cent of high school seniors had tried alcohol at least once, two-thirds were regular drinkers and one-third had consumed 5 or more drinks in a row in a 2-week period. Only 43 per cent believe there is great risk of harm from such binge drinking once or twice each weekend.

But this much drinking can be deadly, especially when combined with driving. It is important to note that all these kids are underage. These trends have changed little in the past decade in spite of vigorous education efforts.

Other surveys indicate that we also need to be concerned about drinking by elementary and junior high school students. For example, a study of 8th graders conducted by the Association for the Advancement of Health Education found that 1 out of 4 consumed five or more drinks at one time in the two weeks prior to the survey.

Contrary to what some media reported, the workshop participants did not recommend a ban on alcohol advertising. They called first for the alcoholic beverage producers and the media to substantially increase public service advertising.

Currently, public service announcements with pro-health and pro-safety-messages are completely overshadowed by alcoholic beverage advertising. They are not as slick, not as sophisticated, and not as frequently aired as the alcohol advertisements.

If substantially increased public service time and space do not become available, Federal and State governments should be authorized and funded to pay for advertising. This has been proposed by members of Congress for AIDS education and is currently being done for smoking in several states. It could also be done with drinking.

While I am on the subject of advertising, warning labels should be required on all alcoholic beverage advertising. And please enlarge the warning labels required on bottles and cans beginning this November. Even a person my age should be able to read the warnings without using a magnifying glass.

Will the American public support these measures? The answer is yes. A recent Gallop poll shows that some 75 per cent of Americans favor a Federal law requiring radio and television stations to provide equal time for public service messages to counter alcohol advertising.

In addition, the White House Conference For A Drug-Free American last year recommended restrictions on alcohol advertising. Similar restrictions have also been called for by the American Medical Association, the American Academy of Pediatrics, and the American Academy of Family Practitioners.

A survey conducted for the U.S. Bureau of Alcohol, Tobacco and Firearms revealed that 80 per cent of respondents believed that alcohol advertising influences underage youth to drink. Teenagers who testified before the National Commission Against Drunk Driving

for its 1988 youth report agreed. “With near unanimity, the youths themselves declared that advertising encourages adolescents to drink,” the Commission reported.

The National PTA and the National Governors’ Association have favored “equal time” provisions to counter alcoholic beverage advertising. The American Public Health Association has endorsed similar provisions.

Going back to my key recommendations, the next one is to conduct well-planned public information efforts. Public information is the underpinning of a comprehensive program. Without high visibility, strategies to deter drinking drivers are virtually ineffective. A large audience needs to be reached in a variety of ways with well-designed messages.

These messages should focus on the risks and consequences of alcohol-impaired driving, prevention steps and the importance of parents being good role models for their children. I personally have been dismayed in my travels around the country to hear tales about parents serving alcoholic beverages to their children’s underage friends

Alcohol or other drug education has been conducted traditionally within school and college settings. I ask that educators and other professionals use health care, worksite and community settings to reach thousands more people. A primary goal of drinking and driving education must be no use of alcohol and other drugs for those under 21 years of age.

The last key recommendation is to increase the enforcement of drinking and driving laws. Techniques that have proven effective must be used. They include sobriety checkpoints, drug testing procedures and standardized field sobriety testing.

Enforcement is a critical element in the system to deter drinking and driving. Police must detect and apprehend more drinking drivers. The public needs to believe that drivers will be arrested if they drive while intoxicated.

Sobriety checkpoints are a highly visible and effective enforcement tool. They are used successfully in many states and other countries. I urge all states to conduct them regularly, and all state legislatures to fund them.

I want the American people to implement the recommendations I have highlighted to keep themselves, their families and friends safe. Many of the lives lost this past Memorial Day weekend were lost because of alcohol-impaired driving. Impaired driving is preventable. Impaired driving crashes are not accidents. Let’s work together to make sure we have safe proms, graduations, summers, holidays and highways.

There are three other recommendations I want to mention:

- Treatment for person with an alcohol-related problem should complement, not substitute for, legal sanctions. Treatment must address the needs of the individual.

- Culturally appropriate interventions need to be developed for special populations – Blacks, Hispanics, Native Americans, and Asians. They are represented in crash statistics and are increasingly targeted by alcohol advertising.
- Finally, national, state and local coalitions are crucial to the success of impaired-driving prevention.

I strongly support the recommendation to establish a National Coalition to Prevent Impaired Driving. I have seed money from the McGovern Foundation and I have convened a planning group.

The planning group consists of representatives from major health, safety and advocacy organizations. The purpose of the coalition will be to promote the recognition of alcohol and other drug-impaired driving as a major health and safety problem. Coalition members will also promote policies and programs to reduce the human and economic toll resulting from impaired driving.

One function of the Coalition will be to stimulate the development of similar coalitions at the state and local level.

Before I leave office, I will be recommending to the Assistant Secretary for Health that, within the United States Public Health Service, responsibility for tracking and implementation of the workshop recommendations be assigned to the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). This agency must work closely with the National Highway Traffic Safety Administration (NHTSA). Both agencies are represented here with me today.

I will further suggest that assistance for the National Coalition be provided by these two organizations as part of their oversight responsibility.

As stated in the Proceedings, I agreed to accept and consider comments on the workshop until January 31, 1989. All comments received – both pro and con – during the extended comment period are being analyzed so as to further contribute to the knowledge base on alcohol-impaired driving and help prevent this enormous problem.

In fact, the National Institute on Alcohol Abuse and Alcoholism in ADAMHA has moved quickly to address issues raised by the comments. They soon will be funding research projects that examine economic issues related to impaired driving, as well as the impact of alcohol warning labels. Research projects for preventing alcohol abuse among children, adolescents and young adults are already underway.

Isn't all this really leading us down the road to prohibition? No, it isn't and those who say it is are throwing up a smoke screen to distract attention from the real issue. I may look like John Brown the abolitionist, but I am not a neo-prohibitionist.

With about two-thirds of Americans classifying themselves as drinkers, the United States is unlikely to ever again ban alcohol, and it shouldn't. Remember, though, that most Americans are like me and drink relatively little, but we all pay for alcohol-related crashes. These crashes cost us between \$10 and \$15 billion per year – a figure that does not include the incalculable costs of grief and human suffering.

The workshop Proceedings will help this country control one of its most serious health and safety problems. As I did with my campaign for a Smoke-Free Society by the Year 2000, I am calling upon specific groups to work together to implement these lifesaving recommendations.

The first group, of course, is the United States Congress. It must act in concert with the Federal Governmental Agencies; State Legislatures; State and Local Governments; Educational, Professional and Advocacy Organizations; and the Private Sector. Such a powerful alliance can bring about change.

Selected recommendations for each group are included in your press kit. I will not go over them here; but urge you to review them. Please examine your press kit materials carefully and use them in your efforts.

I am the Nation's Surgeon General, not the Nation's Chaplain. Nevertheless, I think we should all pray that those who are caught between their conscience and their pocketbooks on this issue make the right choices.

Thank you.